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TRANSMITTAL FORM <i>OIFP APR 11 2005</i> <i>PATENT & TRADEMARK OFFICE</i> (to be used for all correspondence after initial filing)		Application Number 09/524,326
Total Number of Pages in This Submission 13	Filing Date March 13, 2000	
	First Named Inventor Morris	
	Art Unit 2662	
	Examiner Name H.N. Nguyen	
	Attorney Docket Number 15897US01	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Copy of Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	Request for Continued Examination
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	April 8, 2005		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 8, 2005.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	April 8, 2005

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Effective on 12/08/2004. <i>Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).</i> FEES TRANSMITTAL APR 11 2005 for FY 2005		Complete if Known																																																										
		Application Number	09/524,326																																																									
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		Art Unit	2662																																																									
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																																												
TOTAL AMOUNT OF PAYMENT (\$)		790 Attorney Docket No. 15897US01																																																										
METHOD OF PAYMENT (check all that apply)																																																												
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																												
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy																																																												
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																																																												
<input type="checkbox"/> Charge Fee(s) indicated below			<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee																																																									
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)			<input checked="" type="checkbox"/> Credit any overpayments																																																									
under 37 CFR 1.16 and 1.17																																																												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																												
FEE CALCULATION																																																												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																												
<table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee(\$)</th> <th>Fees Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>							Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid(\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
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2. EXCESS CLAIM FEES																																																												
<u>Fee Description</u>																																																												
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3. APPLICATION SIZE FEE																																																												
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																												
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4. OTHER FEE(S)																																																												
Non-English Specification, \$130 fee (no small entity discount)																																																												
Other: Req. for Cont. Exam. fee 790																																																												
SUBMITTED BY																																																												
Signature	<i>Michael T. Cruz</i>		Registration No. (Attorney/Agent)	44,636	Telephone	(312)775-8000																																																						
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